

Project No: \_\_\_\_\_

## APPLICATION FOR COMMERCIAL HVAC

**The City of Grove City    4035 Broadway    Grove City, Oh 43123**  
**Phone (614) 277-3075    www.grovecityohio.gov    Fax (614) 277- 3090**

### Property Information

Address \_\_\_\_\_ Parcel ID \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Zoning \_\_\_\_\_ HPA ☐ Rental Property ☐

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_ Building \_\_\_\_\_ Unit \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Project Information

Project Name/Tenant \_\_\_\_\_ Description: \_\_\_\_\_

Number of Structures: \_\_\_\_\_ No of Units: \_\_\_\_\_ Acreage: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Total Const. Square Feet: \_\_\_\_\_ Ownership Type: ☐ Private ☐ Public

Type of Improvement: ☐ Addition/Alteration ☐ New Building ☐ Other ☐ Repair/Replace

Sewage Disposal: ☐ Public ☐ Private Water Supply: ☐ Public ☐ Private Heating Fuel: ☐ Gas ☐ Electric

Principle Frame Type: ☐ Masonry/Wall Bearing ☐ Reinforced Concrete ☐ Structural Steel ☐ Wood Frame

### FEES

Heating, Ventilation, and Cooling (HVAC) ☐ New ☐ Replacement (You must Obtain an Electrical Permit with a Replacement)

Shall include: \$100.00 per unit (NEW)  
Warm air furnaces, air conditioners, combined units, baseboard heaters, \$150.00 per unit (REPLACEMENT)  
radiant heaters, heat pumps, ventilation systems/hood vents, steam or  
hot water heating plants, roof top units, unit heaters, air handling units & boilers.

Refrigeration/pressure piping \$25.00 per unit

Fireplaces/chimneys \$50.00 per unit

Prefabricated, masonry, solid fuel fireplaces either freestanding or constructed as  
a built in, will be considered an heating appliance and will require a permit.  
NOTE: Flues extending above roof more than 3 feet or exposed to exterior,  
shall be encased in a decorative chase matching in appearance the exterior  
finish of dwelling or structure.

Misc Duct Work \$50.00 per unit

Plan Reviewer's Initials \_\_\_\_\_

AMOUNT FROM ABOVE: \$ \_\_\_\_\_ 3% State Fee \$ \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_

### Contractor Information

DBA \_\_\_\_\_ G.C. Registration # \_\_\_\_\_

E-Mail \_\_\_\_\_ Contact Number \_\_\_\_\_

Company State Certification # \_\_\_\_\_ State Installer # \_\_\_\_\_

**24 Hr. Inspection Line 614-277-1812 (Inspections must be called in before 12:00 NOON for next day service)**

**Expires 12/06**

*Revised 4/06*

Permit #

Receipt/Trans #

Check #

Date Entered:

Date Issued: